

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-009755

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. _____

Registrar's No. 32

FILED APR 3 1962

1. PLACE OF DEATH

a. COUNTY Atchison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Fairfax

Length of stay in lb
14 wks

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Fairfax Community Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Atchison

c. CITY
OR
TOWN Watson

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS (If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Otto Middle Christifur Last Leseberg

4. DATE OF DEATH
Month Mar. Day 21 Year 1962

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4/15/1885

9. AGE (last birthday)
76

IF UNDER 1 YEAR IF UNDER 24 HR
Months 11 Days 6 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
farmer

10b. KIND OF BUSINESS OR INDUSTRY
own farm

11. BIRTHPLACE (City and state or country)
Wangdon, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Fredrick Leseberg

13b. MOTHER'S MAIDEN NAME

Marie Majors

14. NAME OF HUSBAND OR WIFE

Mable Leseberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs. Mable Leseberg Watson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral atrophy

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

DUE TO (b)

Cerebral arteriosclerosis

1 year

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/61 to 3/21/62 and last saw him alive on 3/21/62
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John M. Wasmuth, M.D.

22b. ADDRESS

Rock Port, Mo.

22c. DATE SIGNED

3/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
3/24/62

23c. NAME OF CEMETERY OR CREMATORY
Hunter Cemetery

23d. LOCATION (City, town, or county)
Rock Port, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Davis Funeral Home Tarkio, Mo.

25. DATE RECD. BY LOCAL REG.
April 1, 1962

26. REGISTRAR'S SIGNATURE

Harvin N. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

DATE AMENDED

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10030
20030
3
4 0
5 1
6
7 0
8 2
9334X
10
11
12 1-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4269

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.